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EDITORIAL

Seizure—into the new millennium

> Neither the sun, nor death, can be looked at with a steady eye
>
> Duc de La Rochefoucauld (Maxims)

In the Editorial which accompanied the mini supplement on the 'Patients Voice', I looked back into the past and made some brief speculations about what the next thousand years might bring. There is no doubt that epilepsy is moving forward; we have gained a great deal of knowledge in the last 10–20 years about its aetiology and its mechanisms, about how the epileptic brain differs from the non-epileptic brain, about how to investigate it and how to treat it. Molecular genetics in particular is offering us an insight into brain mechanisms which will be profound and which will probably radically change the way we manage and conceptualize epilepsy. There is no doubt, too, that there have been recent changes in social attitudes to epilepsy; on the whole, it is less stigmatized and less stigmatizing. People with epilepsy themselves—particularly those who have just acquired it—are more positive in their attitude towards it. And yet, and yet, we still have so much to do. The more we learn the less we know: the more we learn from research, the more new questions are thrown up. In some ways the more we understand the causation and mechanisms of epilepsy, the more difficult is seems to try to explain to people with epilepsy what is actually going on in their brains. (How simple to explain was the old simile—extant in my youth—of the disordered telephone exchange—and how wrong!) Despite all the promise of new medication, new understandings of mechanisms and new surgery, we still seem to see the same number of patients in the clinic whose epilepsy has not got better and who continue to be troubled by seizures.

It is right to be optimistic: it is right to be able to say to people in the clinic 'Well I don't have the answer for you now but I know that within 5 or 10 years we probably will'. However, epilepsy will be around for a long time to come—that is a fairly safe prediction.

PRESIDENTIAL PREDICTIONS

In my Presidential address to the Millennium Conference of the British Branch of the International League Against Epilepsy (last century, 1999), I made some light-hearted predictions about the future of epilepsy care extrapolating from our present knowledge and our present Government's views on, and attitudes to, health care. I forecast that within a hundred years there will be a stationary satellite above our heads ('EPISTAT') which will be reading the EEGs of every person on the planet via a small device inserted at birth which will send down a laser blast if it detects more than two seconds of spike wave activity and instantly turn the epileptic activity off.

By this time, gene manipulation will have eradicated the genetic basis of epilepsy. In two hundred years time epilepsy will no longer exist as a disorder, and the International League Against Epilepsy will have become The International League for Studying the History of Epilepsy. By this time, of course, Scotland will have become an independent nation, England, largely flooded by the ever rising sea, has had to re-invade Wales so that its seat of Government could move to the highest mountains of Wales. Some remnants of England will survive and the National Hospital, Queen Square will have become the first submarine hospital. Later it becomes the first interplanetary hospital. Later still it will get flung out into deep space, the first intergalactic hospital, to wander amongst the rarified wastes between the stars where, I suppose, some of its incumbents have always been.

At some time in the not too distant future, I also postulate that the Government (totally defeated in its attempts to bring even third class health care to the nation on the cheap) had solved the problem by the 'modest proposal' of passing the Enforced Disability Act, its purpose being that people would not be able to gain advantage in life by not having a disability. If they did not have a disability they would be given one in order that those who were already disabled would not feel that they were unfairly disadvantaged (the so-called Third Way of health care). Genetic research continued and it was realized after another two hundred years that the male sex was an un-needed biolog-

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ical anachronism and was, therefore, abolished in the belief that by doing so all aggression, war and conflict would disappear.

Much later, toward the start of the fourth millennium, it was realized that war and conflict had actually increased, and men had actually been keeping women in control. About the same time, it was realized that removing those genes that contributed to a low convulsive threshold and epilepsy from the human genome had unfortunately removed the ability of man to survive in space and that most of the creativity genes had gone with the epilepsy genes. By the year 2900 epilepsy genes had to be reintroduced into the human genome. Luckily, sufficient DNA was obtained from a surviving thumb print on the original score of Handel's Messiah to be able to replicate these genes. At this stage, of course, The International League for Studying the History of Epilepsy became the International League for the Reintroduction of Epilepsy. In the year 2999, the meta analysis of the efficacy of various anticonvulsants introduced in the 1990s was finally completed, but unfortunately the numbers were too small to make a valid conclusion: more research was needed.

That prediction of the future is probably as true as any other. It is impossible to predict the future with any accuracy as anybody who has studied the history of the last thousand years will know because we are too close to the present. What Saxon soldier, standing in the battle line at Senlac in 1066 watching the Saxon nation destroyed and the Norman one become ascendant, could have predicted the rise, over the next thousand years, of a nation forged from that battle, which, for a while, would have the largest empire the world had every seen, or that the tongue he spoke (softened and strengthened in its Germanic roots by Norman French and Latin) would become the first language of the world. Perhaps La Rochefoucauld should have said 'neither the sun, nor death, *nor the future*, can be looked at with a steady eye' or perhaps he meant that death (as it is) is the future.

THE FUTURE OF SEIZURE

At a local parochial level, it is difficult to predict the future of this journal. A few years ago it was suggested that medical publishing in its present form would cease. There would be no new journals and those journals that did exist would gradually convert to a totally electronic format. However new journals continue to be published. We have had two new journals in the field of epilepsy starting up in 1999; I welcome them both and wish them well, because their introduction implies that interest in epilepsy and the desire to publish research and opinions is still increasing. One of our issues this year will contain a review of these two new journals.

Seizure is 9 years old and is flourishing: the future of the conventional printed journal is currently assured: we will, for some time yet, need paper and the printed word. However, this conventional format will be increasingly supplemented by electronic publishing which will bring various advantages to the reader (see below).

Seizure herself[†], has established a firm position in epilepsy publishing: starting off as a UK journal she has already become the European Journal of Epilepsy. We hope, and look forward to, increasing our foothold in the United States, Asia and in the nations of the Pacific Rim. The number of papers sent to us each year is steadily rising and our rejection rate, despite the increased volume of papers we publish, is also rising. We had our first published impact factor this year which we regard as the basis for improvement.

Papers are usually assessed with a turn around of 4 weeks (unless they are particularly complex or the material in them requires careful analysis). We can publish, since we have now gone to eight issues a year, very rapidly and usually within 3 months of accepting the paper. It is particularly pleasing that Seizure is becoming the first choice for submission for many authors. We recognize at the moment that our readership tends to see us as a journal which is particularly keen on publishing papers on psychological, psychiatric and social aspects of epilepsy but we clearly have strong paediatric support and we have a strong theme running through the journal in the last year of women's issues in epilepsy. We intend to increase our already existing support for nursing research in epilepsy and also research in primary care. We intend to increase the number of papers we publish on the pharmacology of epilepsy.

We also seem to have developed a reputation for being willing to publish papers from parts of the world where epilepsy care is particularly difficult to provide. If we receive a paper from the so-called 'third-world', where communication is often difficult, if the paper contains a good idea or relevant information, we are prepared to give some help with rendering the paper into English. It will also be possible now for authors whose first language is not English, to provide us with an English translation of their paper for publishing in Seizure (because English will remain the lan-

[†] On reading through this I realized I have given this journal the feminine gender, quite unconsciously. On reflection, I will leave it as written. Having worked with the journal for 9 years, shared her triumphs and lived through her despairs, thought about her constantly, enjoyed her company, defended her, fought for her, wrestled with her and known her warm presence how can I, as a man, conceptualize her as anything else than feminine: as ships, to their sailors, are 'she'.

guage in which we publish). The original version of the paper, in the original language, we will be able to put onto Seizure's web pages—although the electronic manuscript would have to clearly state it has not been edited or proof read.

Thus, we are going to go on publishing a journal with printed pages and will do so, as all other journals are, for some time to come, but can we improve what we already do? Can we encourage people to continue to send us their first class papers?

- We will continue to turn papers round quickly (median of 10 weeks from acceptance to print) and give authors a fast decision about whether the paper has been accepted, needs modifying or is rejected.
- To help this process we are happy to receive submissions by e-mail (postal submissions, particularly from abroad, do get delayed or lost). An e-mail address for the first author is extremely helpful for rapid comments and for checking proofs—this aids turn round.
- The International Digital Electronic Access Library (IDEAL). Seizure has re-launched its web pages so as to allow for online ordering as well as searching facilities across the whole of the publishing catalogue—including the imprints of W. B. Saunders, Churchill Livingstone, Mosby, Academic Press and Baillière Tindall.
- From this year onwards each article will be published online within 4–5 weeks of acceptance with a full citation reference, allowing the authors an even faster platform to publish from. The fact that the paper has been published quickly electronically with full citation will mean that occasionally we can slightly delay paper publication in order to develop themed issues (e.g. on paediatric epilepsy).
- We also intend to increase the educational content of the journal with judicious reviews and greater commitment to Continuing Medical Education: we see it as our duty to support the developing education initiatives in epilepsy in Europe as a whole, and in the wider world, as well as continuing to publish first class research papers in all aspects of epilepsy.

ENVOI

I have been Editor of Seizure since its inception. It has been an illuminating experience, which I would not have missed. I feel privileged to have been able to bring to publication some works that might not otherwise have seen the light of day and given some very worthy people the chance of exposing their ideas and results to their peers, particularly those from less privileged nations and disciplines.

It is pleasant to record the debt I owe to the Editorial Board, both past and present and to our publishing team for their faith in the journal and to our referees (without whose unfailing help no journal can survive). Singling out individuals can be invidious but I would particularly like to thank Brian Chappell who was the 'only begetter' of this journal, Kate Smith for her unfailing support and Penny Snape, the friendly voice that is first contact for most of our enquirers. Day-to-day monitoring of the progress of papers in an expanding journal in an extremely busy clinical and academic department is not easy. Penny, we owe you much.

FINALLY

If you are reading this piece (written in the dying days of the old millennium) in the early days of the new, then you will know that the gloomy predictions of millennial disaster were as wrong as most predictions of the future are. On the other hand, if you are not reading this, then.....

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[1] Betts, T. Epilepsy at the Millenium. *Seizure* 1999; **8**: 259–260.